

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57023293
STATE FILE NUMBER

FILED JUL 2 - 1957

360

Registration District No. Primary Registration District No. 3076

Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in lb 2 days		d. STREET ADDRESS 518 N. Oak		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Spencer Last Davis				4. DATE OF DEATH Month June Day 24 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12/13/1868		9. AGE (In years last birthday) 88		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery Owner		11. BIRTHPLACE (City and state or country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Perry Davis				14. MOTHER'S MAIDEN NAME Lucy Tapp				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Edna Davis Nevada, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis. DUE TO (b) Don't know DUE TO (c) ✓ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Advanced age - some arthritis,							INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓						
20c. TIME OF INJURY Hour na Month na Day na Year na		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) na						
20e. CITY, TOWN, OR LOCATION Nevada - Vernon - Mo.		20f. COUNTY Missouri						
20g. STATE Mo.		20h. CITY, TOWN, OR LOCATION Nevada - Vernon - Mo.						
20i. COUNTY Missouri		20j. STATE Mo.						
21. I attended the deceased from June 22-1957 , to June 24-57 and last saw him alive on June 24-57 . Death occurred at 6:55 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. B. Love (Degree or title)				22b. ADDRESS Nevada, Mo.		22c. DATE SIGNED 6-26-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/26/1957		23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) (State) Nevada, Missouri		
24. FUNERAL DIRECTOR Eichinger Funeral Home-Nevada, Mo.				25. DATE RECD. BY LOCAL REG. 6-29-1957		26. REGISTRAR'S SIGNATURE Anna J. Perry		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Shercy F. Milster
Licensed Embalmer No. 480

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.